REMARKS

The Office Action mailed April 19, 2005 has been carefully considered by Applicant. Reconsideration is respectfully requested in view of the foregoing claim amendments and the remarks that follow.

Claim Status

Claims 1 - 47 are cancelled.

Claims 48 - 53 remain pending.

Claim Rejections Under 35 U.S.C. § 103

Claims 45 - 47 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Roewer U.S. Patent No. 5,734,915 (hereafter Roewer) in view of Sawyer U.S. Patent No. 5,289,574 (hereafter Sawyer). By the present Amendment, claims 45 - 47 are cancelled, thus rendering the rejection of these claims moot.

Claims 48 - 53 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Roewer in view Ellegood, et al U.S. Patent No. 6,137,860 (hereafter Ellegood). The rejection of claims 48 - 53 is respectfully, yet strongly traversed.

Briefly, the cited references (alone or in combination) fail to teach or suggest the claimed method for managing a memory in a workstation including the step of prioritizing the plurality of medical image files using a prioritization scheme having at least three levels including (1) a first level comprising a currently viewed medical image; (2) a second level comprising medical images in a viewing stack; and (3) a third level comprising medical images related to medical images with a higher priority; wherein the medical images from the first level are designated with a higher priority than the medical images of the second level and the medical images of the second level are designated with a higher priority than the medical images of the third level.

In addition, the cited references fail to teach (alone or in combination) the claimed system for managing memory in a workstation including a processor configured to prioritize the user selected medical image file using a prioritization scheme having at least three levels including (1) a first level comprising a currently viewed medical image; (2) a second level comprising medical images in a viewing stack; and (3) a third level comprising medical images related to medical images with a higher priority; wherein the medical images from the first level are designated with a higher priority than the medical images of the second level and the medical images of the second level are designated with a higher priority than the medical images of the third level.

Roewer teaches a graphic user interface for non-computer-literate operators. The invention in Roewer is intended to improve upon conventional workstations which provide inconsistent information in a confusing format and often do not provide a meaningful feedback to the operator. The main idea in Roewer is to allow annotation of images and also provide reversal operations so as to allow an operator to toggle the text, lines, and symbols and see original unaltered images while annotated images are temporarily hidden from view. The passage cited by the Examiner refers to the ability to refresh a window to show the image in its form prior to annotation by the user. However, Roewer '915 fails altogether to teach a prioritization scheme, per claims 48 and 52. In addition, Roewer fails to teach or suggest unloading from the memory of the workstation a medical image file having a lower priority than at least one of the open medical image files stored in memory, wherein the unloaded medical image file includes at least a portion of at least one of the open medical images, per claims 48 and 52.

Ellegood also fails to teach or suggest the prioritization scheme claimed in claims 48 and 52. Ellegood relates to a weld inspection system for constructing fuel tanks. Col. 15, lines 13 - 25 teach a display of thumbnail tile images (704, 706, 708). According to the system of Ellegood, thumbnail tile image 704 is the most recent addition to the tile image stack and thumbnail tile image 708 is the oldest addition. Each new tile image read in from an external device bumps the existing tile image over one position, with the tile image that

was in the position held by thumbnail tile image 708 being deleted from current tile image memory. This simplistic prioritization scheme does not anticipate or render obvious the scheme claimed in claims 48 and 52. For example, Ellegood fails to teach or suggest a prioritization scheme having three different levels, including a first level comprising a currently viewed medical image, a second level comprising medical images in a viewing stack, and a third level comprising medical images related to medical images with a higher priority. Ellegood fails altogether to teach the third level recited in claims 48 and 52.

Notwithstanding the above distinction, Ellegood, et al '860 is in no way related to the claimed method and/or system for managing memory in a workstation when a size of user selected medical image files exceeds the memory capacity in the workstation.

Conclusion

In view of the clear distinctions noted above and the failure of the cited references to teach or suggest the elements of claims 48 and 52, the present application is believed in condition for allowance with claims 48 - 53. Such action is respectfully requested.

Respectfully submitted,

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